

**Please return by December 16, 2005**  
**Fax: 401-222-4415**  
**Attn: Carol Hall-Walker**

**Place your mailing label here**

1. Did you receive Lyme Disease materials (i.e., cover letter, Lyme poster, Lyme Clinic referral business cards) from the Department of Health and Lifespan in October, 2005?  
☐ Yes  
☐ No  
☐ Don't know
2. If you **received** the materials, how much did the materials raise your awareness of the Lyme Clinic at Rhode Island Hospital?  
☐ A lot  
☐ A little  
☐ Not much  
☐ Not at all
3. If you did **not** receive the materials, would you like to receive the Lyme Disease materials? Go to <http://www.health.ri.gov/disease/communicable/lyme/index.php> to view materials.  
☐ Yes  
☐ No
4. If you received the Lyme Disease poster where did you post it?  
☐ Waiting room      ☐ Do not intend to post. Why not? \_\_\_\_\_  
☐ Examination room      ☐ Other \_\_\_\_\_  
☐ Have not yet posted
5. Within the past three months, have you diagnosed a patient in your practice with Lyme Disease?  
☐ Yes  
☐ No
6. If you diagnosed a patient with Lyme Disease, did you use the business card mailed to you to refer the patient to the Lyme Clinic?  
☐ Yes  
☐ No  
☐ If not, why not? \_\_\_\_\_
7. How could we improve the Lyme Disease materials?  
\_\_\_\_\_

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**These last questions are related to how HEALTH should notify you about other health materials that may be available in the future and how you prefer to get these materials.**

8. How would you prefer to be made aware of HEALTH materials that are available? Please check all that apply.  
☐ By mail   ☐ By fax   ☐ Posted on HEALTH's website   ☐ Other \_\_\_\_\_
9. In what format would you like to receive future HEALTH materials? Please check all that apply.  
☐ Mailed hard copies  
☐ Mailed CD Rom  
☐ E-mailed links to on-line resources   E-mail address: \_\_\_\_\_  
☐ Other \_\_\_\_\_
10. Any other comments or suggestions? \_\_\_\_\_

**Thank you!**